8. National Surveillance Programme for Communicable Diseases (NSPCD) has been launched by Government of India for early detection and rapid response to outbreaks of communicable diseases through capacity building at district level. The strengthening of surveillance mechanism would also help to improve the effectiveness of existing programmes of communicable diseases. The programme activities have been taken up in two districts of Bihar, three districts of Uttar Pradesh and Rajasthan each, four districts of Madhya Pradesh uptil 1998-99. No specific targets have been fixed. It is proposed to cover 100 districts in all the States and UTs during the 9th Plan period under NSPCD.

(b) For health infrastructure the following targets have been set in the 9th Plan in respect of these four States as given below:—

Health Infrastructure in 9th Plan	Bihar	Uttar Pradesh	Rajasthan	Madhya Pradesh
Community Health Centre	511	621	51	307
Sub Centres	1026	2184	nil	184
Primary Health Centres	428	nil	nil	206

These targets do not imply construction of new buidligs. These provide for establishment of facilities by appropriately strengthening/ upgrading existing institutions and by redeployment of manpower. Construction is to be underaken only where absolutely essential.

Fradication of Leprosy

1742. DR. GOPALRAO VITHALRAO PATIL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that India tops the list of 12 most leprosy-endemic nations, which shares 90% of the global leprosy incidence;

(b) if so, what are the factors responsible for such wide share; and

(c) what steps are being proposed by Government for its eradication in totality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) Yes, Sir. In terms of detection of new cases in the year 1999 India has detected 7.8 lakh patients out of total 9.33 lakhs in the World which is 83.6%.

(b) The factors responsible for such a wide share of case detection in India are as follows;

— India has done active search for case detection in the States/UTs in 1998-99 due to which 4.6 lakh new, hidden cases were detected in 6 days time. Therefore, the total cases detected in the year rose to 7.8 lakhs. But the number of patients cured is also equally high in India as, during 1998-99, a total of 7.73 lakh cases were cured. Till March 1999, of the 9.8 million cases cured globally, 84.7% viz., 8.3 million cases were contributed by India.

— The prevalence of leprosy was already the highest in India when MDT was first made available in 1981.

— Hot, humid, climate over crowding, unhygienic conditions and undernourishment are also contributing factors for high endemicity.

(c) Steps being proposed by Government of India for eradication of the Leprosy include:

— The National Leprosy Eradication Programme is being implemented as a 100% centrally sponsored scheme in all States/ UTs.

— Under the Leprosy Control Programme free multi-drugs are provided to all the States through District Leprosy Socieites.

— Adequate quantity of anti-leprosy drugs are being supplied to all States/UTs.

— Training of large number of health staff, public awareness activities and active case search has been undertaken during 1st MLEC in all the States/UTs.

— 2nd round of MLEC is being conducted during the current year.

The first phase of World Bank Project will be over by 31st March, 2000. The second phase proposal is being prepared for a period of three years for reaching the target elimination level and consolidating the achievements made so far.

Control of Encephalitis

1743. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Encephalitis has hit Andhra Pradesh recently; if so, the details in this regard; and

(b) what steps the Central Government have taken to wipe out recurrence of this deadly disease from the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) As per reports received from the State Health Authorities, 873 cases with 178 deaths (Provisional) have been reported till November, 1999 due to suspected Japanese Encephalitis (JE).

(b) The steps taken for control of JE are:—

* Early diagnosis and proper management of cases;
* Vector control by insecticidal spray/fogging in identified areas;
* Vaccination of identified Japanese Encephalitis-prone groups;
* Regular monitoring of epidemiological trends, investigations and training;
* Information Education Communication activities to ensure early reporting and adopting of preventive measures.

Japanese Encephalitis in Andhra Pradesh

1744. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that more than 133 deaths occurred due to the dreadly japanese encephalitis in Kurnool, Anantpur, Mahabubnagar and Prakasam districts of Andhra Pradesh;